

**Office of Small and Minority Business Assistance**1205 Pendleton Street, Suite 474, Columbia, South Carolina 29201
Phone 803.734.5010 FAX 803.734.0548**MINORITY BUSINESS UTILIZATION PLAN**

AGENCY: _____

AGENCY ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____

GOAL

TOTAL AMOUNT BUDGETED: _____

TOTAL DOLLAR AMOUNT OF FUNDS EXPENDED: _____

DOLLAR GOAL FOR MBE: _____

PERCENT: _____

Approved *(please sign, print title & date)*
Agency Head or Chairperson of Board_____
Title_____
Date_____
Approved
Director, Office of Small and Minority Business Assistance_____
Date

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AGENCY PROFILE

AGENCY:

AGENCY ADDRESS:

AGENCY HEAD NAME:

MBE LIAISON OFFICER:

PROCUREMENT DIRECTOR:

PHONE:

PHONE:

PHONE:

MISSION OF AGENCY**MAJOR TYPES OF GOODS AND SERVICES PURCHASED**

SERVICES	SUPPLIES	EQUIPMENT	CONSTRUCTION